

Kansas Immunization Requirements for School Year 2016-17 Overview



Our Mission: To protect and improve the health and environment of all Kansans.

Kansas Immunization School Requirements School Yr. 2016-2017

**School Nurse Conference 2016
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Kansas Immunization Program**

The use of trade names or commercial sources is for informational purposes only and does not constitute an endorsement by the Kansas Department of Health and Environment or Kansas Immunization Program.

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Community immunity is a matter of teamwork



I vaccinate my children to protect them
and to protect my neighbors

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Overview

- ACIP Recommended Immunization Schedule and Minimum Interval Schedule
- Kansas Statutes Related to School Immunization
- Regulation 28-1-20
- School Immunization Requirements
School Yr. 2016-2017
- Kansas Certificate of Immunizations (KCI)

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Advisory Committee on Immunization Practices

- National vaccine experts that provide guidance on the control of vaccine preventable diseases in the United States
- The only federal entity that develops written vaccine recommendations for:
 1. Age to be given and interval between doses
 2. Precautions and contraindications

Approved by American Academy of Pediatrics, American Academy of Family Physicians and American College of Obstetricians and Gynecologists

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Recommended Immunization Schedules for Persons Aged 0 Through 18 Years

UNITED STATES, 2016

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for
Persons Aged 0 Through 18 Years are approved by the

Advisory Committee on Immunization Practices
(<http://www.cdc.gov/vaccines/acip>)

American Academy of Pediatrics
(<http://www.aap.org>)

American Academy of Family Physicians
(<http://www.aafp.org>)

American College of Obstetricians and Gynecologists
(<http://www.acog.org>)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs	
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4		← 3 rd or 4 th dose, See footnote 4 →										
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					
Influenza ⁷ (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella ⁸ (MMR)					See footnote 8		← 1 st dose →					2 nd dose					
Varicella ⁹ (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A ¹⁰ (HepA)							← 2-dose series, See footnote 10 →										
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11											1 st dose			Booster
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap: ≥7 yrs)														(Tdap)			
Human papillomavirus ¹³ (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)			
Meningococcal B ¹¹													See footnote 11				
Pneumococcal polysaccharide ⁵ (PPSV23)											See footnote 5						

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
 No recommendation

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2016.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁴ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel) or unknown. 8 weeks and age 12 through 59 months (as final dose for healthy children) ⁴ • if current age is younger than 12 months and first dose was administered at age 7 through 11 months (wait until at least 12 months old); OR • if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday (wait until at least 12 months old). No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal ⁵	6 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus ⁶	6 weeks	4 weeks ⁶	4 weeks ⁶	6 months ⁶ (minimum age 4 years for final dose).	
Measles, mumps, rubella ⁸	12 months	4 weeks			
Varicella ⁹	12 months	3 months			
Hepatitis A ¹⁰	12 months	6 months			
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	6 weeks	8 weeks ¹¹	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	Not Applicable (N/A)	8 weeks ¹¹			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis ¹²	7 years ¹²	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus ¹³	9 years	Routine dosing intervals are recommended. ¹³			
Hepatitis A ¹⁰	N/A	6 months			
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus ⁶	N/A	4 weeks	4 weeks ⁶	6 months ⁶	
Meningococcal ¹¹	N/A	8 weeks ¹¹			
Measles, mumps, rubella ⁸	N/A	4 weeks			
Varicella ⁹	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Four Day Grace Period

- Doses administered up to 4 days before the minimum interval or age can be counted as valid.
- Doses administered 5 days earlier than the minimum interval or age should not be counted as valid dose and the dose needs to be repeated.

Kansas Statutes Related to School Immunization

K.S.A 72-5208 through 72-5211a

5208-Definitions

5209-Health Tests and Inoculations

5210-Duties of School Boards and Health Dept.

5211-Duties of Secretary, Forms and Certificates

5211a-Exclusion of Pupils

K.S.A.72-5209

Before admission - school/daycare or preschool operated by a school:

- Required vaccines or have proof of disease documented.
- May enroll while receiving the required vaccines if the immunization provider confirms that the vaccines are being received on a minimum interval schedule.
- Failure to complete the required immunizations- students is non-compliant, vulnerable for disease and further spread of disease.

Exemptions

K.S.A. 72-5209 (b-1)

1. Religious- a written statement signed by a parent/guardian stating that the child is of a denomination that does not believe in immunizations
2. Medical- is signed annually by the child's physician declaring that the child has a contraindication to a certain vaccine and it would be life threatening to the child if given the vaccine
 - Medical Exemption Form B

K.S.A. 72- 5209 C

Mark your calendars before May 15!

Send notification of immunization requirements to parents/guardians for next school year by May 15th

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K.S.A. 72-5209 D

Student Transfer

If a student is transferring to another school, the student's KCI or statement of compliance shall be sent with the child's school transcript to the school the child plans to attend

K.S.A.72-5209 D

Where to get a record?

- Previous school
- KSWebIZ record or KCI
- Health Care Provider
- Local Health Department
- Parent has immunization history on an official record

Local Health Department Duties

K.S.A. 72-5210

- LHD shall provide required vaccinations on sliding fee scale for the administration fee with the exception that no child will be denied vaccinations for inability to pay the administration fee
- LHD is to inform school personnel of the vaccine funding sources that are available for students receiving required immunizations

Secretary of Health

K.S.A. 71-5211

- Kansas Certificate of Immunizations (KCI) and Medical Exemption-Form B supplied to schools without cost
- KCI and Exemption forms are used for monitoring compliance
- The secretary may adopt regulations to carry out this act

Exclusion

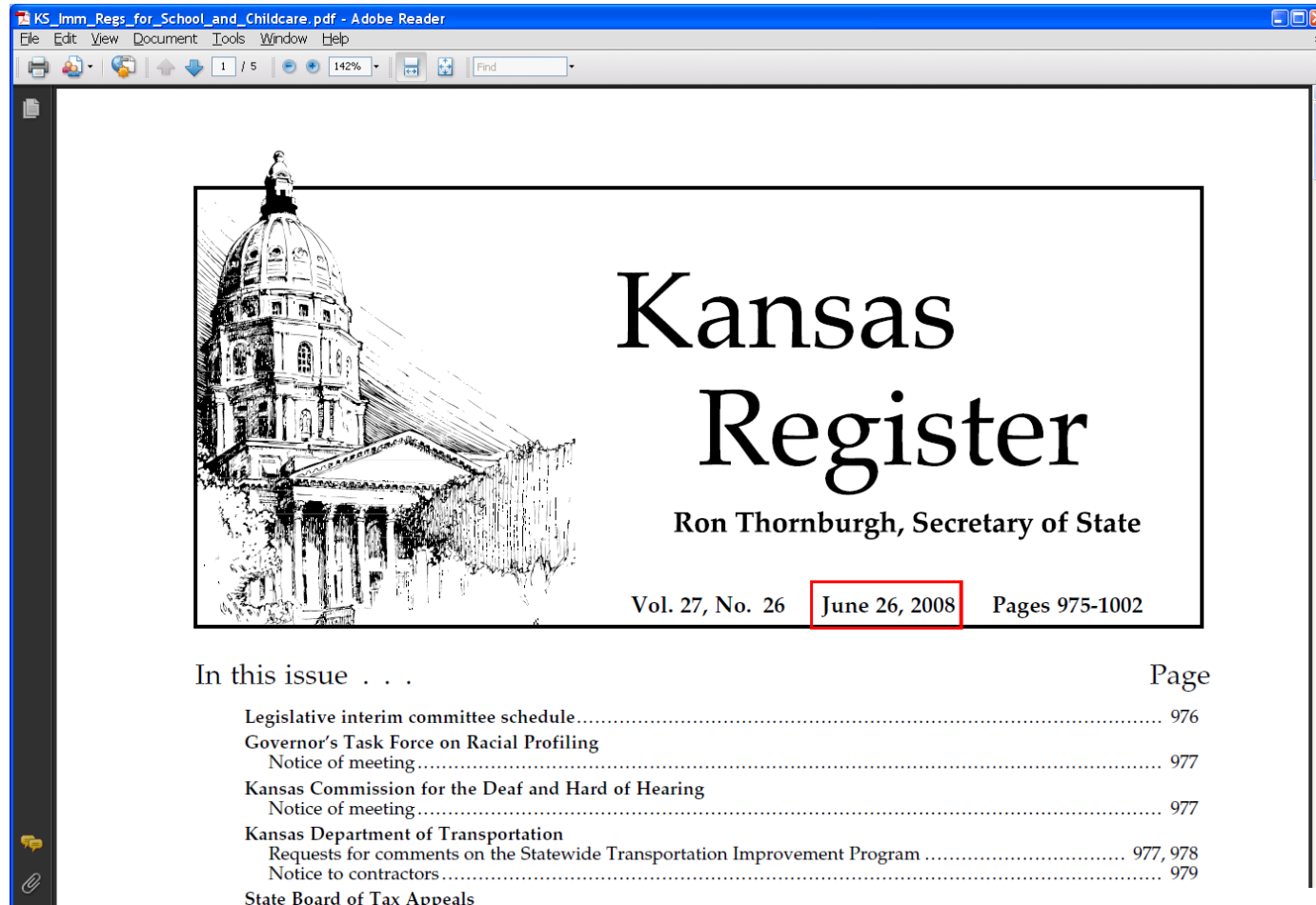
K.S.A. 71-5211 A

- School board *may* exclude a student from school, using the schools adopted policy, those students who have not complied with the requirements of K.S.A. 72-5209
- School board may give authorization to exclude to a certified employee or committee
- Policy must include that a written notice will be sent to the parent/guardian that includes;
 1. Reason for exclusion
 2. How long the student will be excluded
 3. Inform the parent that a hearing will be offered upon request

K.S.A 72-5211B

Truancy act does not apply while the student is excluded from school for non-compliance of proof of immunity either by vaccination or disease.

Kansas Administrative Regulation

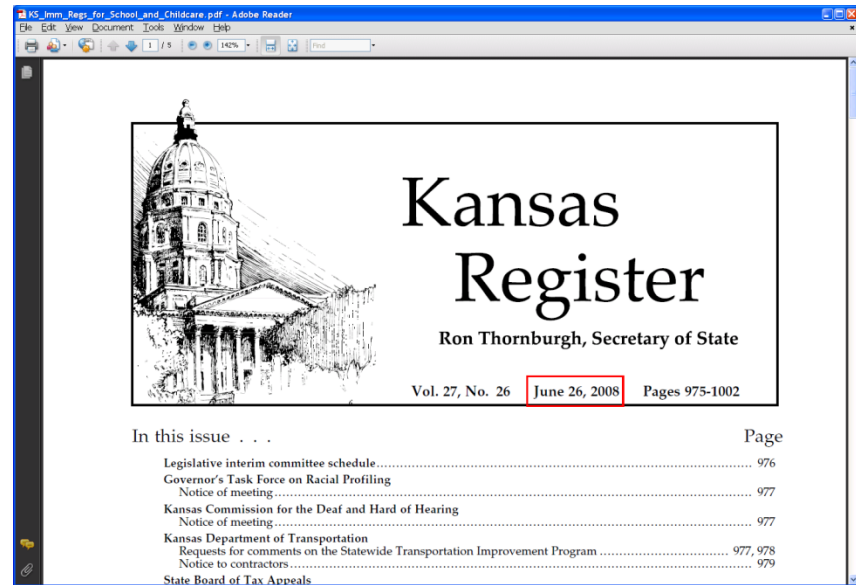


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K.A.R. 28-1-20 defines required vaccines for school entry

- Diphtheria
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Rubella
- Tetanus
- Varicella



Vaccines-required for School

- **DTaP** Diphtheria, Tetanus, Pertussis
- **Tdap** Tetanus, Diphtheria, Pertussis
- **Td** Tetanus, Diphtheria (Pertussis Exemption)
> 7 yrs of age for required grades for Tdap
- **DT** Diphtheria, Tetanus (Pertussis Exemption)
< 7 yrs of age
- **IPV** Inactivated Polio **OPV** Live Polio
- **HBV** Hepatitis B
- **Var** Chickenpox/Varicella
- **MMR** Measles, Mumps and Rubella

K.A.R. 28-1-20 required for child care, family day care home, preschool, or child care program operated by a school

- Diphtheria
- *Haemophilus influenzae* type B
- Hepatitis A
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Pneumococcal disease
- Rubella
- Tetanus
- Varicella



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IKC-Immunize Kansas Coalition

- <http://www.immunizekansascoalition.org/schools.asp>
- IKC Module School Exclusion Policy
- IKC Module Policy Letter for School Nurses
- IKC Goals:

To focus on improving access to and rates of adolescent immunizations, paying special attention to HPV and meningococcal vaccination rates.



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HPV CANCER PREVENTION

1 HPV VACCINE IS CANCER PREVENTION
HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.

Every year in the U.S., 27,000 people get cancer caused by HPV. That's 1 person every 20 minutes of every day, all year long.

Most of these cancers can be prevented by HPV vaccine.

2 HPV VACCINE IS RECOMMENDED AT THE SAME TIME AS OTHER TEEN VACCINES

Preteens need three vaccines at 11 or 12. They protect against whooping cough, cancers caused by HPV, and meningitis.

3 HPV VACCINE IS BEST AT 11-12 YEARS

Preteens have a higher immune response to HPV vaccine than older teens.

While there is very little risk of exposure to HPV before age 13, the risk of exposure increases thereafter.

Parents and healthcare professionals are the key to protecting adolescents from HPV cancers.

VACCINATE YOUR 11-12 YEAR OLDS.

www.cdc.gov/vaccines/teens

YOU ARE THE KEY TO HPV CANCER PREVENTION

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

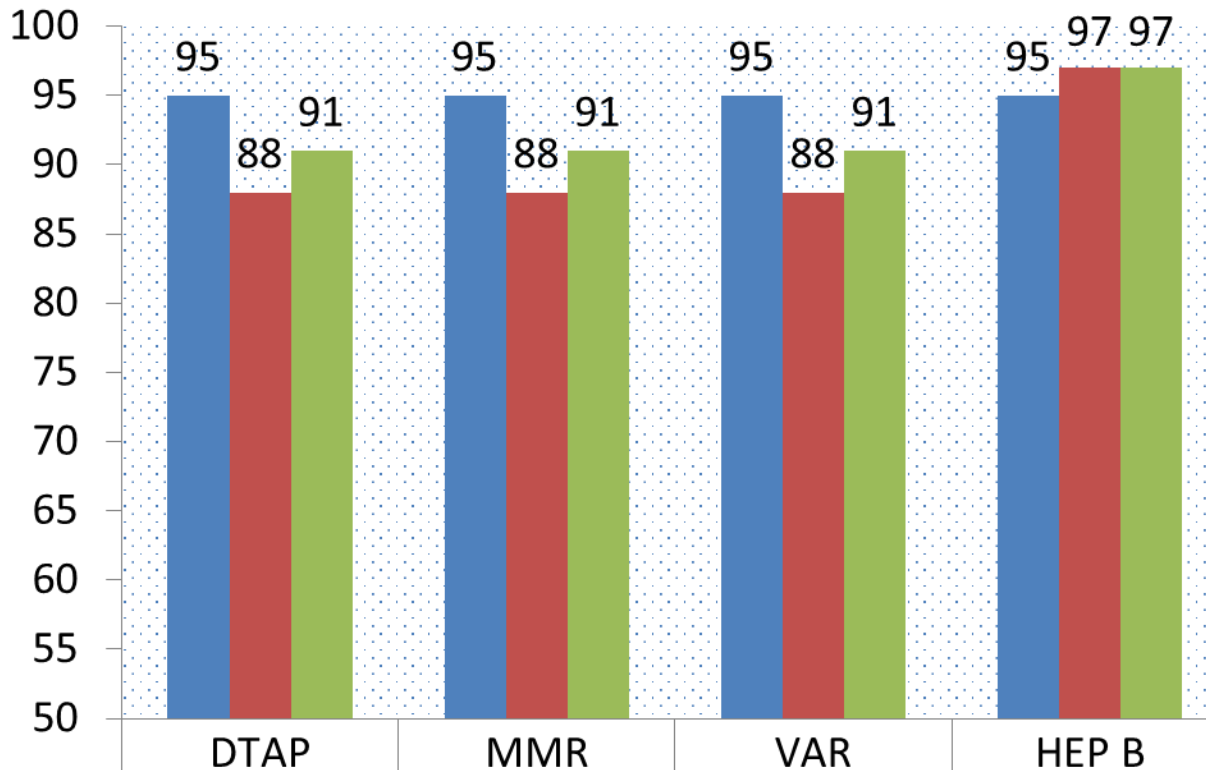
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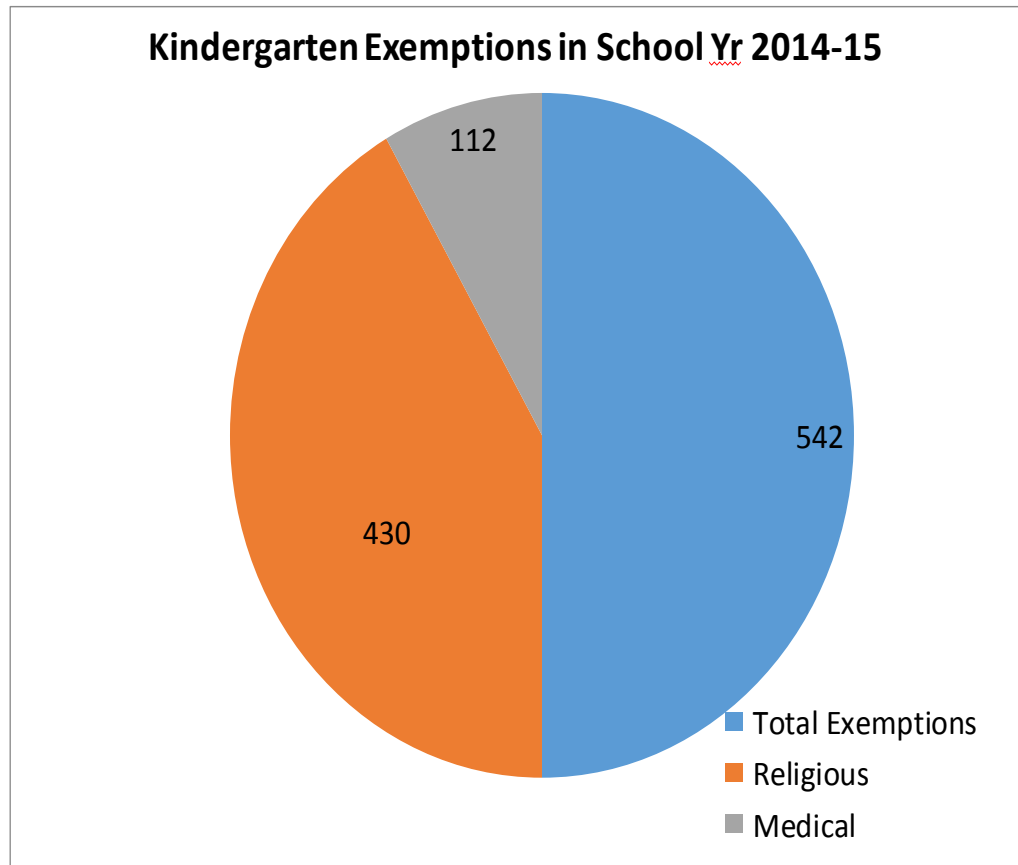
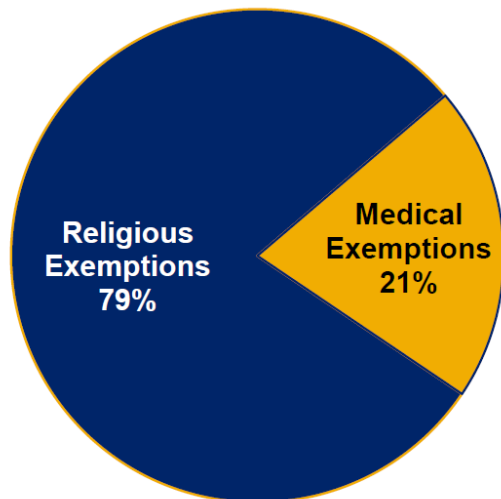
Kansas Kindergarten Immunization Coverage 2014-15



■ HP 2020	95	95	95	95
■ K Entry	88	88	88	97
■ 30 da after	91	91	91	97

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- 562 Kindergarteners from 764 schools were reported as having an exemption
- 430 were religious exemptions
- 112 were medical exemptions



http://www.kdheks.gov/immunize/download/Kindergarten_2014-15_Report.pdf

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**KDHE
SCHOOL IMMUNIZATION REQUIREMENT
MEMO
FOR THE 2016-17 SCHOOL YEAR**

<http://www.kdheks.gov/immunize/schoolInfo.htm>



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Kansas Certificate of Immunizations (KCI)

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KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____
 Parent or Guardian Name: _____
 Phone: _____
 Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type							
Polio Required for school entry.						If additional doses are added, please initial the dose and sign below: _____ _____	
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry.							
MMR (Measles, Mumps, and Rubella combined) Required for school entry.				Hx of Disease: NO _____ Date of Illness: _____ Physician Signature: _____			
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

DOCUMENTATION	LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"
<p>KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurately</p> <p>Agency Name: _____</p> <p>Authorized Representative: _____</p> <p>Address: _____</p> <p>The record presented was: _____ Date: _____</p> <p><input type="checkbox"/> Kansas Immunization Record</p> <p><input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p>1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p>2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>

KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

Parent/Legal Guardian's Signature

Date

Rev. 1/2016

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Pre-Kindergarten Ages 0-4 ACIP Recommended Schedule		Kindergarten through 12th Grade	
Birth	HEP B	DTaP: 5 Doses a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) 4 doses acceptable if dose 4 given on or after the 4th birthday c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age	MMR: 2 doses Grades K - 12th a) First dose on or after the 1st birthday b) 28 days minimum interval between doses
2 Months	DTaP/DT POLIO HEP B PCV ROTAVIRUS		
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS	Tdap/Td: 7 years and older 3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap b) 6 months between dose 2 (Td) and 3 (Td) c) Single dose of Tdap for an incomplete primary DTaP series or; d) Single dose of Tdap required for Grades 7-12	Varicella: 2 doses Grades K - 12th a) First dose on or after the 1st Birthday b) Second dose must be given at least 28 days after first dose c) No doses required if prior varicella disease verified by a physician
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	Polio: Grades K - 5, new students and students completing the polio series <u>All IPV or OPV Schedule</u> a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday	Hepatitis B: 3 doses Grades K - 12th a) 4 week minimum interval between dose 1 and dose 2 b) 8 week minimum interval between dose 2 and dose 3 c) 16 week minimum interval between dose 1 and dose 3 d) Dose 3 must be given after 24 weeks of age
12-15 Months	MMR VAR HIB PCV	<u>Combination IPV/OPV - 4 doses required</u> a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	Additional Notes: - Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. - With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. - Half doses or reduced doses of vaccine are not considered valid.
12-23 Months	HEP A		
15-18 Months	DTaP/DT	Polio: Grades 6 - 12th <u>All IPV or OPV Schedule</u> a) 4 doses-4 weeks minimum interval between doses regardless of age given b) 3 doses acceptable -4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday	
6 Months after 1st dose	HEP A		
ACIP Recommended Schedule http://www.cdc.gov/vaccines/schedules/		<u>Combination IPV/OPV - 4 Doses required</u> a) 4 weeks minimum interval regardless of age given New students and students completing series must have 6 months between last two doses with one dose after 4th birthday	

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf

BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.

Alternative KCI Guidelines

- Legible
 - Written in English
- Transcription of legal document
 - Student's full name, date of birth
 - Specific antigen, dose number, date of administration
- Same sequential order as KCI
- Medical and Religious Exemption Requirements

DTaP: 5 Doses

- a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4
- b) 4 doses acceptable if dose 4 given on or after the 4th birthday.
- c) If dose 4 is administered before 4th birthday, 5th dose must be given at 4-6 years of age

Tdap/Td: 7 years and older

3 doses if no history of any DTaP doses (a-b)

- a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap
- b) 6 months between dose 2 (Td) and 3 (Td)
- c) Single dose of Tdap for an incomplete primary DTaP series
- d) Single dose of Tdap required for Grades 7-12

MMR: 2 doses Grades K-12th

**First dose on or after the 1st birthday
28 days minimum interval between doses**

Hepatitis B: 3 doses Grades K-12th

4 week minimum interval between dose 1 and dose 2
8 week minimum interval between dose 2 and dose 3
16 weeks minimum interval between dose 1 and dose 3

Dose 3 must be given after 24 weeks of age

2016-17 School Year Immunization Requirements

Continue phasing in:

1. Polio 6 months rule between last two doses with one dose after the 4th birthday
2. 2 Doses Varicella Vaccine Requirement

POLIO-Grades K-5, new students and students completing the Polio series must adhere to the following schedule

All IPV or OPV Schedule

4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday

3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday

Combination IPV/OPV – 4 doses required

4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday

3 doses not acceptable with combination schedule

Polio-All IPV or OPV Schedule Grades 6-12th

4 doses-4 weeks minimum interval between doses regardless of age given

3 doses acceptable -4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday

Combination IPV/OPV 4 doses required

4 weeks minimum interval regardless of age given

New students and students completing series must have 6 months between last two doses with one dose after 4th birthday

Varicella Vaccine

2 Dose Requirement



- 2008 Kansas began 2 Dose Requirement
- School Yr. 2016-2017 K-12th Grade students must have two doses of Varicella or history of disease documented by a physician.

Varicella: 2 doses Grades: K--12 School Year 2016--2017

First dose on or after the 1st Birthday

Second dose must be given at least 28 days to 3 month after first dose (age dependent)

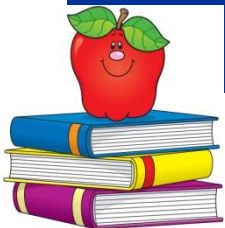
No doses required if prior varicella disease verified by a physician

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KCI- Varicella-Note section

Recommended- Varicella vaccine minimum interval less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age may be counted as valid. All doses must be after first birthday.



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Recommended Vaccines



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Adolescent Immunizations

“TEENS NEED OTHER RECOMMENDED VACCINES TOO!”

Recommended Vaccines

Influenza- Prevents influenza

HPV- Prevents cancer caused by Human Papillomavirus

Meningococcal – Prevents bloodstream infections and meningitis



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Kansas School Requirements

Found at:

<http://www.kdheks.gov/immunize/schoolInfo.htm>

- KDHE School and Child Care School Immunization Requirement Memo
- Kansas Certificate of Immunizations (KCI)
- School Requirements FAQ Document
- Statute and Regulations Related to School Immunization Requirements
- Kindergarten Coverage Assessment School Yr. 2014-15
- Retrospective Study-School Yr. 2013-14
- KSWebIZ School Module Information
- Online Education Order Site



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Licensed Child Care Facilities/Early Childhood Programs



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Child Care, Family Day Care Home, Preschool, or Child Care Program operated by a school

- Diphtheria
- *H. influenzae* type B
- Hepatitis A
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Pneumococcal
- Rubella
- Tetanus
- Varicella

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Hepatitis A Vaccine

- 1 dose at 12 months
- Booster dose 6-18 months after first dose

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Hepatitis A Vaccine

- Havrix (GlaxoSmith Kline)
- VAQTA (MERCK)
- Hepatitis A- HAV or by brand name

Haemophilus *Influenzae* type B

Haemophilus *Influenzae* type B or Hib

Less than 5 years-4 doses required

2, 4, 6 months and 12-15 months

HIB

- Total doses to complete the series is based on the type of vaccine given and the age of the child.
- Exceptions are addressed in the catch-up schedule or based on the healthcare provider's judgment.
- Not possible to define all of the exceptions in a memo or on the back of the KCI

HIB

Haemophilus influenzae type B

PRP-T ActHIB

Pentacel (DTap,HIB, IPV)

4 dose series

PRP-OMP PedvaxHIB or in Comvax (Hep.B/Hib)

3 dose series

May not need all the doses if series is started late
or has a lapse in the series

Haemophilus influenzae type B

Routine Schedule

Vaccine	2 mo	4mo	6 mo	12-18 mo
PRP-T ACTHib	X Primary	X Primary	X Primary	X Booster
PRP-OMP PedVax	X Primary	X Primary		X Booster

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Haemophilus influenzae type b Vaccine

- Recommended interval 8 weeks for the primary series doses
- Minimum interval 4 weeks for primary series doses
- Minimum age 6 weeks
- 8 weeks should *separate* the primary series and the booster dose

Haemophilus influenzae type b Vaccine for the unimmunized

Vaccine Age of 1st dose / Primary series / Booster

ACT HIB	2-6 mo	3doses 2 m apart	12-15m

	7-11mo	2doses 2m apart	12-15m

	12-14mo	2 m apart	1 dose

	15-59 mo	1 dose	

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Vaccines Containing Hib

4 dose series

Pentacel

DTaP-IPV/Hib

Vaccines Containing Hib

4 dose series

Menhibrix

MenCY/Hib

HIB Pedvax

Pedvax –single antigen
3 dose series

Hepatitis B-HIB/Comvax

Haemophilus influenzae type b Vaccine for the unimmunized

Vaccine / Age of 1st dose / Primary series / Booster

Pedvax 2-6 mo. 2doses /2 m apart 12-15m

7-11mo. 2 doses /2m apart 12-15m

12-14 mo. 1 dose 2m later

15-59 mo. 1 dose

Pneumococcal Conjugate Vaccine

PCV13

Number of doses is dependant on the age the child started the series and the current age of the child.

Pneumococcal Conjugate Vaccine Recommendations

- Doses at 2, 4, 6, months of age, booster dose at 12-15 months of age
- First dose as early as 6 weeks
- Minimum interval of 4 weeks between first 3 doses
- At least 8 weeks between dose 3 and dose 4
- Unvaccinated children 7 months of age or older require fewer doses

Pneumococcal Conjugate Vaccine Schedule for Unvaccinated Older Children

<u>Age at first dose</u>	<u>Doses</u>	<u>Booster at 12-15mo</u>
7-11 months	2 doses (4wks apart)	Yes
12-23 months	1 dose (8wks apart)	No
<i>24-59 months -</i>		
Healthy	1 dose	No
High risk	2 doses (8wks apart)	No

http://www.kdheks.gov/immunize/imm_manual_pdf/vaccine_standing_orders/Prevnar.pdf

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Lapsed Immunization

- Children who have fallen behind schedule with Hib or PCV vaccine may not need all the remaining doses of a 3 or 4 dose series
- The number of doses needed to complete the series should be determined using the ACIP catch-up schedule



Questions?

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